## Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis

District Court No.	04-cv-11006-JIT
Appeal No. 05	-2099

YantuA.	Leo
Com. of	Massachusetts

## Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: <u>Anthony M. Leo</u> Date: 8-30-05

My issues on appeal are: Violations of the 5th and 8th Amendments of the United States Constitution, ie... Length of pretrial detention and Excessive Bail Devial of evidentiary hearing.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
Employment	You	Spouse \$	You \$	Spouse S
Self-employment	<u>\$</u>	s	s	sØ
Income from real property (such as rental income)	s	s	s <i>O</i>	s
Interest and dividends	s	s	s	s_ Ø_

Income source	Average monthly the past 12 month	_	Amount expected	l next month
Gifts	You \$_50,∞	Spouse \$	You \$	Spouse \$
Alimony	s	s Ø	s <i>Q</i>	<b>s</b>
Child support	s <u></u>	s <u>Ø</u>	<u>\$</u>	<b>\$_</b>
Retirement (such as social security, pensions, annuities, insurance	, \$ <u>Ø</u>	<u>\$</u>	s	sØ
Disability (such as social security, insurance payment	\$	<u>\$</u>	s	s
Unemployment payments	s Ø	s	s	s_Ø_
Public-assistance (such as welfare)	s	s	s	s
Other (specify): NA	s_Ø	s	s	s
Total Monthly income:	s 50.∞	$S_{\mathcal{Q}}$	s	s_ <i>Ø</i> _
2. List your employment his other deductions)  Employer  Act	ldress	Dates of Emplo		efore taxes or
3. List your spouses's employ taxes or other deductions)  Employer  Act	yment history, mos	Dates of Employer		y pay is before

4. How much cash do you and	your spouse have? S	s	<u>-</u>	
Below, state any money you institution.	or your spouse hav	e in bank accoun	ts or in any other fina	ncial
Financial Institution Ty	pe of Account	Amount you has s	Amount your s	pouse has 
If you are a prisoner, you mu officer showing all receipts, e institutional accounts. If you multiple institutions, attach o	xpenditures, and l have multiple acc	palances during counts, perhaps	the last six months i because you have be	in your
5. List the assets, and their value household furnishings.	s, which you or your	spouse owns. Do	not list clothing and or	dinary
Home (Value	Other real estate	N	Motor Vehicle #1 Make & year: Model: egistration#:	(Value)
Motor Vehicle #2 (Value) Make & year: Model: Registration#:	Other assets	(Value)	Other assets (	Value)
6. State every person, business, or Person owing you or your spouse money	organization owing  Amount owed to	•	re money, and the amou	
7. State the persons who rely on you Name  NoNE	ou or your spouse for Relation		N/A Age	
			N/A Age	<u> </u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home mortgage payment (include lot rented for mobile home)  Are any real estate taxes included?   Yes  No Is property insurance included?  Yes  No	You \$_NA	Spouse \$
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ NA	\$_ <i>Ø</i>
Home maintenance (repairs and upkeep)	s_N/A	s_ <i>Q</i>
Food	\$ 25,00	\$_ <i>Ø</i>
Clothing	\$ W/A	s <u>O</u>
Laundry and dry-cleaning	SNA	\$_ <i>Ø</i>
Medical and dental expenses	\$ 5.00	\$_Ø
Transportation (not including motor vehicle payments)	s_N/A	\$ <u>Q</u>
Recreation, entertainment, newspapers, magazines, etc.	s_N/#	\$_Ø
Insurance (not deducted from wages or included in Mortgage payments)	\$_N//	s_ <i>Q</i>
Homeowner's or renter's	\$ <u>Ø</u>	\$_ <i>Ø</i>
Life	\$_ <i>\_</i>	s
Health	\$_ <i>Ø</i>	\$_ <i>Ø</i>
Motor Vehicle	\$_ <i>Ø</i>	\$_ <i>Ø</i>
Other: WA	\$	\$_ <i>O</i>
Taxes (not deducted from wages or included in Mortgage payments)(specify):	\$_ <i>Q</i>	\$
Installment payments	\$	\$_Ø_
Motor Vehicle WA	\$_ <i>Q</i>	s
Credit card (name): WA	\$_ <i>Q</i>	\$_ <i>Ø</i>
Department store (name): NA	\$ <u></u>	\$_ <i>Ø</i>
Other: NONE —	\$_ <i>Q</i>	s

Alimony, maintenance, and support paid to others	s_ <i>\(\overline{\O}\)</i>	s
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>Ø</u>	\$ <b>Q</b>
Other (specify): heral Needs, Postage Paper	s_ <u>∂0,∞</u>	s <u>Ø</u>
Total monthly expenses:	\$_50,00	\$_ <i>\omega</i>
9. Do you expect any major changes to your monthly income during the next 12 months?  ☐ Yes No If yes, describe on an		assets or liabilities
10. Have you paid — or will you be paying — an attorney ar case, including the completion of this form? □ Yes ▼ No	ny money for services	in connection with this
If yes, how much? \$		
If yes, state the attorney's name, address, and telephone number 1974	per:	
11. Have you paid — or will you be paying — anyone other typist) any money for services in connection with this case, in ☐ Yes ▼No		
If yes, how much? \$		
If yes, state the person's name, address, and telephone number	r:	
12.Provide any other information that will help explain why y appeal.  Thave been in Jail Since 4		
everything I awied, and spent any		
of money sent to me by family are	Spent on Soa	p, toothpaste, paper,
Stamps, ect.		3

3. State the address of your legal residence.  5 Paul X. Tivnan Dr.
W. Boylston, Ma. 01583
Your daytime phone number: ( ) NONE
Your age: 35 Your years of schooling: 12 th Grade